



Quarterly Family Care Activity Report

For the quarter ending
December 31, 2001

April 2002

Department of Health and Family Services
Office of Strategic Finance
Center for Delivery Systems Development

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For the 4th quarter, ending December 31, 2001

Family Care is an innovative long-term care program being piloted by nine counties in Wisconsin. The Governor and Legislature authorized this program in order to develop and test a comprehensive and flexible long-term care service system that will:

- Give people better choices about where they live and what kinds of services and supports they get to meet their needs;
- Improve access to services;
- Improve quality through a focus on health and social outcomes; and
- Create a cost-effective system for the future.

Family Care was designed to serve three target populations: frail elderly individuals and adults with physical or developmental disabilities. Family Care has two major organizational components:

- **Aging and Disability Resource Centers** offer information, assistance, and a limited number of services to the general public with a focus on issues affecting older people, people with disabilities, and their families. These centers provide information, advice and access to a wide variety of services. They also serve as a clearinghouse for information about long-term care for physicians, hospital discharge planners, and other professionals who work with older people or people with disabilities. Services are provided through the telephone or in visits to individuals' homes.

Aging and disability resource centers began operating in early 1998. Currently resource centers are operational in nine counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Marathon, Trempealeau, and Jackson. Two resource centers serve Kenosha County—one for individuals with developmental disabilities, and one for elderly individuals and individuals with physical disabilities.

- **Care Management Organizations (CMOs)** manage and deliver a wide variety of covered long-term care services, known as the Family Care benefit, for financially eligible elderly individuals and adults with disabilities. The Family Care benefit combines funding and services from a variety of existing programs into one flexible package of long-term care services, tailored to each individual's needs, circumstances and preferences. CMOs develop and manage a comprehensive set of long-term care services and support, either by providing the service with CMO staff or by purchasing the service from other providers. Each CMO receives a flat monthly payment for each member enrolled in the CMO, who may be living at home, in a group living situation, or in a nursing facility.

Care management organization (CMO) sites began operating in 2000. Currently, five CMOs are operational in five counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, and Richland.

Resource Center Information and Assistance

Individuals who need information and assistance related to long-term care services get in touch with resource centers in several ways. Some individuals are referred to the resource center by facilities that provide residential long-term care, which are required by law to inform the resource centers of individuals who are seeking admission. These referrals are known as pre-admission consultation (PAC) referrals. Individuals also contact the resource centers in response to outreach activities that publicize resource center services among Family Care's target populations.

Table 1 presents the number of PAC referrals received by each resource center during the four most recently completed quarters; **Table 2** presents the source of these referrals by facility type.

Table 1
Pre-Admission Consultation Referrals Received
Most recent four quarters

Resource Center	January - March 2001	April - June 2001	July - September 2001	October - December 2001	Total
Counties with CMOs					
Fond du Lac	79	37	63	93	272
La Crosse	208	196	234	239	877
Milwaukee	677	528	450	527	2182
Portage	40	42	70	68	220
Richland	20	24	39	52	135
Counties without CMOs					
Jackson	34	39	20	15	108
Kenosha Aging & PD	189	157	120	107	573
Kenosha DD	0	0	0	0	0
Marathon	76	54	54	83	267
Trempealeau	11	5	7	3	26
Total	1,334	1,082	1,057	1,187	4,660

Table 2
Source of Pre-Admission Consultation Referrals
 Most recent four quarters

Facility Type	January – March 2001	April – June 2001	July – September 2001	October – December 2001	Total
Nursing Home	964	786	811	881	3442
Community Based Residential Facility	201	156	172	227	756
Residential Care Apartment Complex	169	139	74	79	461
Adult Family Home	0	1	0	0	1
Total	1,334	1,082	1,057	1,187	4,660

Table 3 presents the number of information and assistance contacts for each resource center for the four most recently completed quarters. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.

Table 3
Resource Center Contacts for Information and Assistance
 Most recent four quarters

Resource Center	January - March 2001	April - June 2001	July - September 2001	October - December 2001	Total
Counties with CMOs					
Fond du Lac	766	933	1,066	819	3,584
La Crosse	918	1,148	1,291	1,105	4,462
Milwaukee	10,714	9,813	9,150	10,248	39,925
Portage	2,370	1,835	1,728	2,098	8,031
Richland	186	158	213	207	764
Counties without CMOs					
Jackson	171	159	156	161	647
Kenosha Aging & PD	1,504	1,538	1,416	1,413	5,871
Kenosha DD	195	149	208	205	757
Marathon	1,019	724	761	743	3,247
Trempealeau	262	288	306	313	1,169
Total	18,105	16,745	16,295	17,312	68,457

Table 4 presents information about the types of information and assistance that people requested from the resource centers during the most recent quarter. The number of issues for which people sought help differs from the number of contacts reported in Table 3, because many contacts include requests for information or assistance with several issues. The categories have been defined as:

- **Basic needs and financial related:** Contacts seeking information or assistance related to issues such as benefits, Medical Assistance, health insurance, money problems, paying for food, shelter (other than residential long-term care), heating or air-conditioning or phone service, evictions, problems paying bills, or paying for medical care or drugs.
- **Disability and long-term care related services:** Contacts seeking information or assistance related to services such as home support, care management, respite, equipment and training, transition planning, independent living skills, and hospice services.
- **Long-term care related living arrangements:** Contacts seeking information or assistance related to consideration of permanent moves or temporary arrangements that are being contemplated because of a health, disability or frailty; home modifications or special living arrangements.
- **Health:** Contacts seeking information or assistance related to issues such as declining health, recuperative care, diseases, conditions, dementia, health, health promotion or medical care, or health equipment loaning.
- **Transportation:** Contacts seeking information or assistance related to arrangements and information on transportation issues and program information.
- **Paying for disability and long-term care related services:** Contacts seeking information or assistance related to paying for long-term care services, including issues such as the ability to afford services and questions related to financial eligibility for a variety of long-term care programs.
- **Nutrition:** Contacts seeking information or assistance related to services such as congregate or home-delivered meals, or nutrition counseling (i.e., diabetic or renal diet issues).
- **Home maintenance:** Contacts seeking information or assistance related to issues such as chores, housecleaning, yard work, general home repairs, and home safety, other than home modifications needed to address a disability.
- **Legal:** Contacts seeking information or assistance related to tax law, power of attorney, guardianship, consumer rights, advocacy, discrimination, or complaints.

- **Life enhancement:** Contacts seeking information or assistance related to recreation, education that is not job related, social programs, or volunteerism.
- **Adult Protective Services:** Contacts seeking information or assistance related to, or reports of, abuse, neglect, self neglect, domestic violence.
- **Behavioral health:** Contacts seeking information or assistance related to issues such as mental health, substance abuse, alcohol concerns and treatments, depression, grief counseling.
- **Employment and training:** Contacts seeking information or assistance related to vocational rehabilitation, work, jobs, or training.

Table 4
Issues Presented by Resource Center Contacts
 October through December 2001

Focus of Inquiry	Number of Requests	Percentage
Basic Needs & Financial Related Services	7,013	28.58 %
Disability & LTC Related Services	4,411	17.97 %
LTC Related Living Arrangements	3,136	12.78 %
Health Services	1,965	8.01 %
Paying for Disability & LTC Services	1,598	6.51 %
Transportation Services	1,596	6.50 %
Nutrition Services	1,331	5.42 %
Legal Services	966	3.94 %
Home Maintenance Services	938	3.82 %
Life Enhancement	571	2.33 %
Adult Protective Services (APS)	503	2.05 %
Behavioral Health Services	291	1.19 %
Employment and Training Services	222	0.90 %
Total	24,541	100.00 %

Table 5 presents information on the outcomes of contacts that were accomplished during the most recently completed quarter. The number of outcomes will not necessarily equal the number of contacts shown on Table 3 or the number of issues raised shown in Table 4, for several reasons. One referral might resolve several issues, or one issue might require more than one referral. In addition, a contact that was initiated near the end of one quarter might not reach an outcome until after the beginning of the next.

Referrals are distinguished from giving people information, in that the resource center refers the caller to other services or resources, or is actively involved in obtaining a service or resource for a caller. The categories of outcomes have been defined as:

- **Information about long-term care services or resources:** Contact involves long-term care related information regarding services, resources, etc.
- **Information about other services or resources:** Contact involves other services, resources and/or other information.
- **Referral to Functional Screen:** This should include all referrals for a Functional Screen, which may include resource center-based long-term care options counseling.
- **Referral to private long-term care services:** This would include formal referrals to non-county agencies on behalf of private pay individuals.
- **Referral to public funding for programs such as Medicare, Medicaid, Food Stamps, Social Security:** Includes referrals made to link people to government benefits, such as to an Economic Support Unit/Worker, Benefit Specialist and Social Security Administration.
- **Referral to APS:** Any referral to the County APS staff and/or elder abuse workers for elder abuse, financial abuse, self-neglect, placements, etc.
- **Referral to emergency services:** This would include services/actions to be delivered within 24 hours. It would include emergency food delivery, shelter, or emergency respite care or other immediate intervention.
- **Referral to services/resources other than emergency APS or LTC:** This category covers all other referrals.
- **Needs brief or short term services, follow-along or service coordination:** The use of this category will depend on the resource center. If the I&A worker sends all in-house referrals to either a long-term care unit or a distinct “access” unit, he or she may not know whether a contact requires brief services, and he or she would not be in the position of “following” contacts.

- **Noted for follow-up contact:** The I&A worker is providing information only, and making no referrals, *but* keeps a record of the contact in order to follow-up to make sure that the caller is okay, and/or to determine if the information was acted upon.

Table 5
Outcomes of Information & Assistance Contacts
 October through December 2001

Outcomes of Contacts	Number	Percentage
Information about Long-Term Care Services	7,936	40.72 %
Referral to Services or Resources Other than Emergency, APS, LTC	2,826	14.50 %
Information about Other Services or Resources	2,774	14.23 %
Referral for Long-Term Care Functional Screen	2,575	13.21 %
Referral to Publicly Funded Services*	1,060	5.44 %
Needs Brief or Short-term Services or Service Coordination	997	5.12 %
Needs follow-up contact from RC	617	3.17 %
Referral to Adult Protective Services (APS)	422	2.17 %
Referral to Private LTC Services	222	1.14 %
Referral to Emergency Services	62	0.32 %
Total	19,491	100.00 %

*For programs such as Medicare, Medicaid, Food Stamps, Social Security

Long-Term Care Functional Screen

The Long-Term Care Functional Screen is an assessment tool that identifies the long-term care needs of an individual and is used to establish eligibility for certain programs, including the Family Care benefit.

Functional screens are provided to individuals for one of three reasons:

- They are not currently Family Care members, but are seeking assessment of their long-term care needs for the purposes of considering their options (initial screens);
- They are CMO members whose functional needs are being reassessed for annual eligibility recertification; or
- They are CMO members who have recently experienced a change in condition, and need to have their needs reassessed.

Only resource centers administer initial screens (except as described in the footnote below); CMOs may administer annual and change-in-condition screens for their members.

Table 6 presents the number of *initial* functional screens completed during the most recent quarter. Not all of these individuals will seek enrollment in Family Care or publicly funded long-term care; in fact, many are not eligible. However, the figures provide an indication of the number of adults, by target group, who are actively exploring their long-term care needs with the help of the nine resource centers. **Figure 1** provides a graphic representation of this information for the most recent four quarters. The big increase from the 3rd to the 4th quarters largely reflects Milwaukee County's efforts to finish enrolling the waiver rollover and wait-list populations, plus improved economic support processing.

Table 6
Initial Long-Term Care Functional Screens Completed, by Target Group
October through December 2001

	Elderly	Developmental Disabilities	Physical Disabilities	Total
Counties with CMOs				
Fond du Lac	77	17	25	119
La Crosse	71	17	57	145
Milwaukee*	1,015	3	7	1,025
Portage	52	6	19	77
Richland	26	5	9	40
Counties without CMOs				
Jackson	1	0	3	4
Kenosha Aging & PD	51	0	29	80
Kenosha DD	1	6	1	8
Marathon	51	2	8	61
Trempealeau	18	1	2	21
Total	1,363	57	160	1,580

* Although CMOs will not normally be administering initial screens, the Milwaukee CMO is doing so until all local waiver recipients who desire Family Care are transferred to the CMO.

Figure 1
Initial Long-Term Care Functional Screens by Target Group
Most recent four quarters

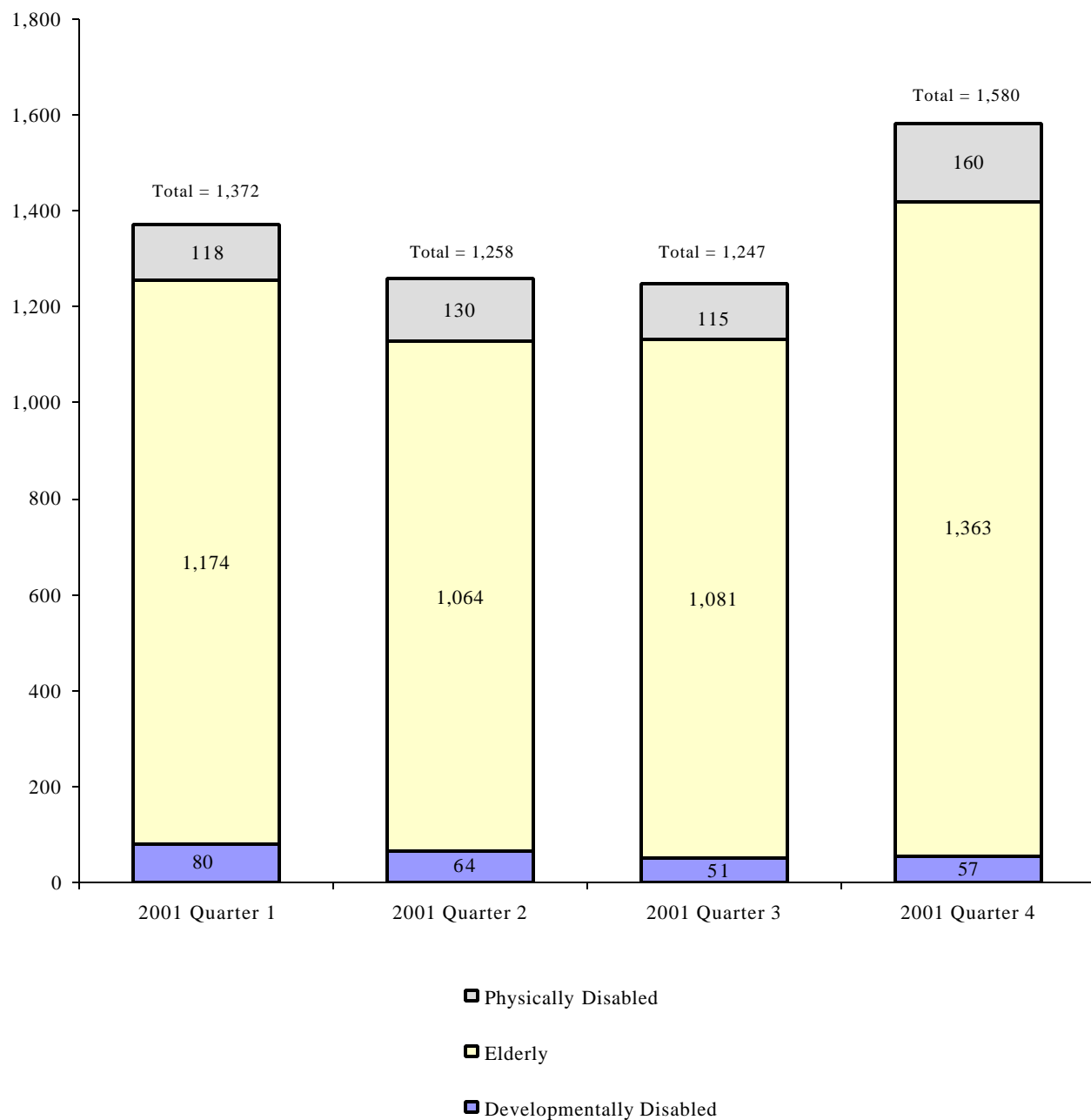
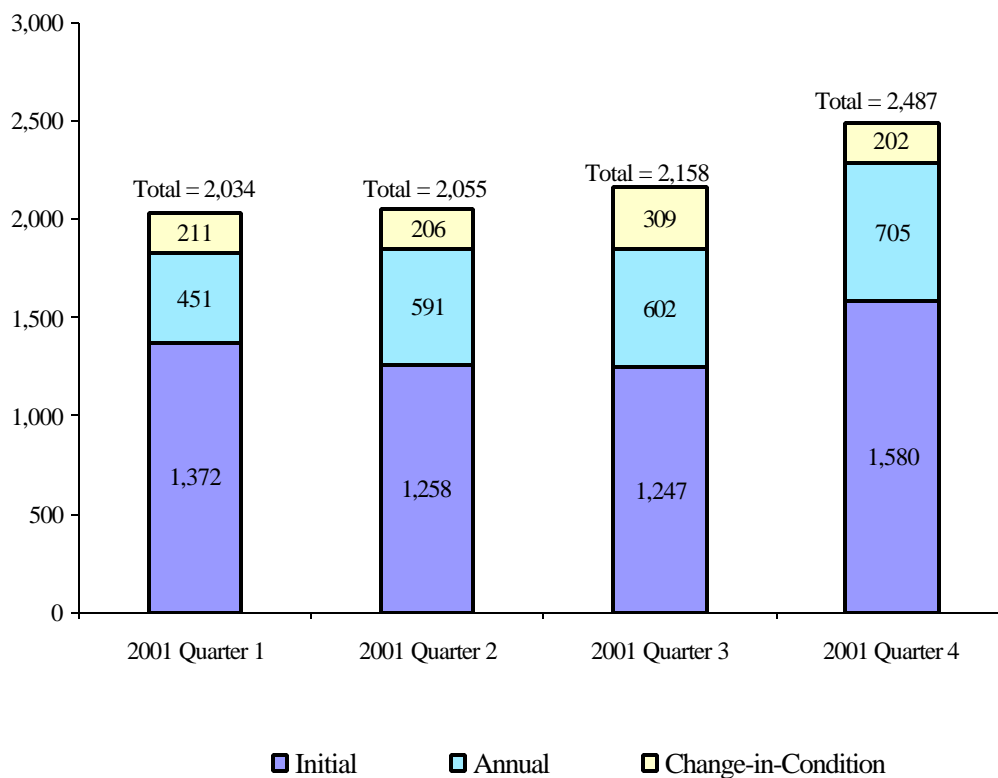


Table 7 presents the total number of long-term care functional screens, of any type, that were completed using the most recent quarter. Figure 2 provides a graphic representation of this information for the most recent four quarters.

Table 7
**Long-Term Care Functional Screens Completed
 By Target Group and Type of Screen**
 October through December 2001

Type of Screen	Elderly	Developmental Disabilities	Physical Disabilities	Total
Initial	1,363	57	160	1,580
Change-In-Condition	133	25	44	202
Annual Recertification	462	161	82	705
Total	1,958	243	286	2,487

Figure 2
Long-Term Care Functional Screens Completed By Type of Screen
 Most recent four quarters



Enrollment in Family Care CMOs

Tables 8, 9, and 10 present enrollment as of December 31, 2001, by target group, level of care and Medicaid status. These figures include all members whose eligibility for the Family Care benefit had been determined and recorded as of mid-February 2002. Enrollment procedures for additional individuals are underway. Some of the enrollments that are currently in progress will be recorded retroactively (that is, an enrollment may be recorded in March 2002, retroactively effective as of December 2001.) As a result, enrollment figures for the most recent months *do not yet represent the total enrollment* that will be achieved after all in-process enrollments are completed. **Figure 3** shows the CMO enrollment trend for each of the CMO counties over the most recent four quarters.

Table 8
Total CMO Enrollment by Target Group
 December 31, 2001

CMO Counties	Developmental Disabilities	Elderly	Physical Disabilities	Target Group Not Identified*	Total
Fond du Lac	283	385	93	4	765
La Crosse	317	408	268	15	1,008
Milwaukee	0	2,121	8	111	2,240
Portage	164	216	81	23	484
Richland	71	98	33	1	203
Total	835	3,228	483	154	4,700

* CMO members whose enrollment records on MMIS cannot yet be matched with Target Group data from the Functional Screen, largely because of different MEDS data load schedules.

Tables 9 and 10 present Family Care enrollment by level of care and by Medicaid status. Payment is provided to the CMOs on the basis of each member's level of care, either comprehensive or intermediate. A few members are 'grandfathered,' that is, do not meet functional eligibility criteria, but are enrolled on the basis of previous enrollment in related programs. The comprehensive level includes people who are functionally eligible for nursing home care under Medicaid requirements. The intermediate level includes people who need help with only one or a few daily activities and therefore are not eligible for nursing home care, but who are otherwise eligible for Medicaid or are in need of adult protective services. CMOs receive a higher monthly payment for comprehensive enrollees, which includes both federal and state funding, and a lower monthly payment for intermediate enrollees, which is funded entirely by the State. The comprehensive level includes a few people who are not functionally eligible for nursing home care, but who have very high needs for assistance. For these people, DHFS pays the CMO the higher monthly rate, but with no federal match funding unless the person has regular Medicaid.

Table 9
CMO Enrollment by Level of Care
December 31, 2001

CMO Counties	Comprehensive	Intermediate	Grandfathered	Total
Fond du Lac	759	6	0	765
La Crosse	979	24	5	1,008
Milwaukee	2,235	5	0	2,240
Portage	457	26	1	484
Richland	198	5	0	203
Total	4,628	66	6	4,700

Table 10
CMO Enrollment by Medicaid Status
December 31, 2001

CMO Counties	MA Eligible	Non-MA Eligible	Total
Fond du Lac	758	7	765
La Crosse	970	38	1,008
Milwaukee	2,126	114	2,240
Portage	460	24	484
Richland	194	9	203
Total	4,508	192	4,700

Figure 3
CMO Enrollment
Enrollment Reached at the End of Each Quarter
Most recent four quarters

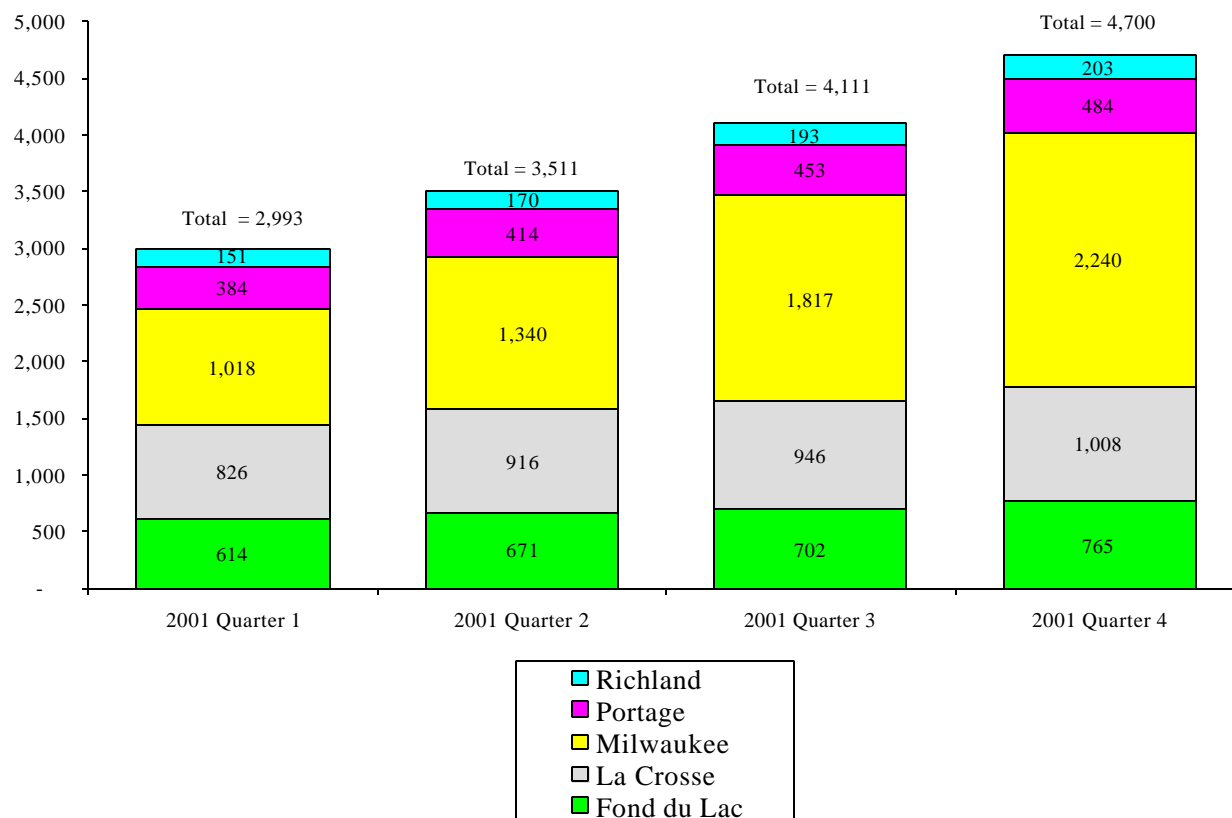


Table 11 presents cumulative disenrollments from Family Care CMOs through February 20, 2002, by cause of disenrollment. As with enrollments, disenrollments may take several months to process. A small number of members with recent, very temporary loss of MA eligibility may ultimately not lose any continuity of CMO services, but this is a very small, short-term exception to disenrollments caused by lost eligibility.

Table 11 (*New*)
CMO Disenrollments
 Cumulative through February 20, 2002

CMO Counties	Deceased	Lost Eligibility	Voluntary Disenrollment	Total
Fond du Lac	88	4	36	128
La Crosse	113	2	41	156
Milwaukee	171	9	71	251
Portage	69	4	25	98
Richland	17	0	1	18
Total	458	19	174	651